

Application Data Sheet

Application Information

Application Number::

Filing Date:: April 9, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?: None

Title:: Instruments and Methods for Minimally Invasive Spine Surgery

Attorney Docket Number:: DEP5292

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 3

Small Entity:: No

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Bradley

Middle Name::

Family Name:: Moore

Name Suffix::

City of Residence:: Barrington
State or Province of Residence:: RI
Country of Residence:: USA
Street of mailing address:: Ferry Lane
City of mailing address:: Barrington
State or Province of mailing address:: RI
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02806

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ronald
Middle Name::
Family Name:: Naughton
Name Suffix::
City of Residence:: Tiverton
State or Province of Residence:: RI
Country of Residence:: USA
Street of mailing address:: Horizon Drive
City of mailing address:: Tiverton
State or Province of mailing address:: RI
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02878

Correspondence Information

Correspondence Customer Number:: 27777

Representative Information

| | |
|----------------------------------|-------|
| Representative Customer Number:: | 27777 |
|----------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee Name:: DePuy Spine Inc.

Street of mailing address:: 325 Paramount Drive

City of mailing address:: Raynham

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02767

509579 v. 1